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ABSTRACT

This study guide, designed to help counselors prepare for the Virginia Professional Counselor License Examination, guides applicants through the licensing application process, with information on the written and oral parts of the examination. Recommended texts for studying for the exam are suggested, and sample questions are provided. Guidelines and examples are offered for preparing a work sample and writing a case study. In addition, members of the Virginia Board of Professional Counselors and guidelines for post-graduate degree supervision are listed. Examples of pertinent correspondance are also given. (JAC)

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HOW TO APPLY FOR THE PROFESSIONAL COUNSELOR LICENSE

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BY

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CG016178

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About the author -

Julia is a Licensed Professional Counselor at Lord Fairfax Community College in Middletown, Virginia. She was responsible for organizing the Virginia Counselors Association (VCA) Licensure Study program and developing the Licensure Study Packet which includes materials needed to prepare for the examination. Julia has served as a member of VCA's Ethics Committee, member of the Board of Directors, and is currently President of the Apple Valley Personnel and Guidance Association.

PROFESSIONAL COUNSELORS LICENSURE PREPARATION STUDY SESSION BOOKLET and study sessions are also offered by the Licensure Preparation Committee of the Virginia Counselors Association. For more information, contact Dr. Andy Beale, School of Education, Virginia Commonwealth University, Richmond, Virginia 23284.

ACKNOWLEDGEMENTS

As in the first printing, I owe thanks to Dr. Carl Swanson, member of the Board of Professional Counselors and Dr. Bonnie Wasmund, Past President of Virginia Counselors Association, 1980-81. Added to my list of appreciation are Dr. Ted Remley, current President of Virginia Counselors Association and the Licensure Preparation Committee, chaired by Dr. Andy Beale. Too numerous to list, but no less important, are the many applicants who have given me samples of their work and experiences while acquiring the License for Professional Counselors.

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FOREWARD

Information is enclosed that I have collected while obtaining the Professional Counselor's License regulated by the Commonwealth of Virginia. I have tried to verify to the best of my ability, that the information is correct. Nine months have passed since the first printing of this document and a revision is definitely necessary. Clarity and guidelines have been added where possible and helpful. As I have received additional forms and documents that help explain the process of acquiring the license, these have also been included.

HISTORY OF THE LICENSURE PREPARATION COMMITTEE

In May, 1980, the Executive Board of the Virginia Counselors Association (VCA) asked one of its members to begin collecting information pertaining to the License for Professional Counselors and to act as a communication link between the Virginia Board of Professional Counselors and the Virginia Counselors Association members. By the September Board meeting, the task had grown sufficiently to merit forming a new committee to carry out the functions.

The Licensure Preparation Committee, chaired by Julia Richardson, presented its goals and the Packet to the November, 1980, meeting of the Executive Board in Arlington, Virginia. VCA is a non-profit organization and has set its fees concerning the services of the Committee only to cover expenses. The motivation to create the Committee was partially so that VCA members would not fall prey to a profit organization selling study material and sessions quoting unreasonable prices. VCA also desired to promote professionalism for its members. The License Preparation Committee hoped to be another link in this chain of encouragement.

Now, as the Committee' goals and operation continue to grow, I have been retained as a consultant by VCA while the Committee Chair-position is passed to Dr. Andy Beale. I will continue to work with the Committee while offering the study sessions in various regions of the State and continuing to update the material.

THE APPLICATION PROCESS

Where do I start?

There is obviously some confusion about how to obtain the License for a Professional Counselor. For many, this packet may be the first inquiry towards the license. If it is, you need to take one step back. If you have decided to pursue the license, you need to get the application from the Department of Commerce in Richmond. The address is:

Ms. Johnsie Williams
Executive Director
Virginia Board of Professional Counselors
2 South Ninth Street
Richmond, Virginia 23202

You will then receive a brown envelope containing an application, a Regulations booklet explaining the qualifications for licensing, forms for letters of recommendation, and forms for evidence of supervision. You need to have all this information given to the Board, pay your application fee, and be approved to sit for the written and oral examinations before proceeding.

Some people do not have a necessary graduate course in one of the required areas of education. If so, the Board will ask that you complete the necessary coursework and submit proof of a passing grade before being eligible to sit for the examinations. Depending on one's access to an institution offering graduate coursework, this hurdle could postpone your examination date for at least six months.

Once you submit the application and pay the application fee, the Board of Professional Counselors will stay in touch with you. If you have questions or feel that you have lost communication with the Board, I recommend that you call Ms. Williams at 804-786-2161. The application process sometimes takes over a year and if you aren't sure of the current status of your application, a phone call may prove helpful and timely.

Your application should be in to the Department of Commerce 45 days minimum prior to the examination. This would include your letters of reference and academic transcripts. It is up to you to check on these documents being received. You will not receive notice of their receipt (or lack of) from the Department of Commerce.

What Next?

Once approved, and a date is set for your written examination, gathering current textbooks to study would be helpful. Any text currently being used by a University would probably be up-to-date and sufficient. You may already have these in your personal library or be able to borrow them from colleagues or past professors. There are recommended texts on page 8-9. There are many others that would also meet the requirements.

INFORMATION ABOUT THE EXAMINATION PROCESS

There are two parts to the examination process:

I. The Written Examination

   A. Objective Section

   B. Essay Section

II. The Oral Examination

   A. Interview with Board Members

   B. Work Sample

The areas covered on the Examination are, as described on page 8 of the Regulations,

1) Theories of human behavior, learning, and personality;

2) Group dynamics, theories, and techniques;

3) Counseling theories and techniques;

4) Understanding abnormal behavior;

5) Professional identity, function, and ethics;

6) Evaluation and appraisal procedures; and

7) Career development

There is a $50.00 application fee and a $75.00 examination fee. The application fee is permanent, but a $35.00 examination fee must be paid again if there is a re-take of the examination. Fees also affecting applicants after December 31, 1981, are related to obtaining supervision. There is a $50.00 fee to the Supervisor to be approved by the Board of Professional Counselors and a $25.00 fee to the applicant to process the trainee contract for supervision.

THE WRITTEN EXAMINATION

The Examination process is coordinated twice a year by the Board of Professional Counselors. The Written Examination is offered in early March and again in late September in Richmond, Virginia. It lasts from 9 a.m. until 5:00 p.m. and is scheduled during the week days. The applicant completes the Objective section in a 3-hour session in the morning and the Essay section in a 4-hour session in the afternoon.

THE OBJECTIVE SECTION

Sample questions are included after this section for both the Objective and Essay parts of the Written Examination. When taking the examination try to answer every question in the Objective section. Answer the ones that you are certain about and go back to the ones that you are unsure of.

SCORING

The Objective part of the Written Examination is computer-scored. It was developed in Virginia and has been used at a National level. The Essay section is scored by the Board of Professional Counselors members. Three members separately read the essays (no applicant-identifying marks on the papers) and average the scores for a final grade. It takes about 30 days to complete the scoring of the written examinations.

If you fail either the Essay or Objective section of the Written Examination, you only have to re-take that section. You do not have to repeat both sections of the examination.

THE ESSAY SECTION

In the Essay section, you will have a choice of questions to answer. In the past there have been seven to ten questions to choose from and answering five was required. The same areas are covered as stated in the Regulations on page 8,but a strong emphasis on ethics, in particular, can be expected in the Essay section. The questions are worded as referring to a particular case (for example: a client comes in with these symptoms, what would you do?) Again, see the sample essay questions following this section.

THE ORAL EXAMINATION

Usually the Oral Examination will be offered two months after the Written Examination date. When the Written Examination scoring is completed, applicants will be notified by mail of their progress.

Those who successfully passed will receive notice of the deadline to submit a work sample and of the next Oral Examination date. The Oral Examinations are scheduled one hour apart and again, are held only in Richmond, Virginia. The Board of Professional Counselors

members use the case study to begin discussion in the Oral Examination and proceed to ask the applicant about his/hers background, goals, abilities, etc. Examples of work samples and a brief outline for a work sample are included after this section.

The Oral Examination is tape-recorded to protect all parties involved. The applicant is asked to wait outside the room while a decision is reached by the Board members as to the applicant's preparation for the license. The applicant will be told before he/she leaves the Department of Commerce building on the day of the Oral Examination as to whether they have successfully met all qualifications to receive the license to practice as a Professional Counselor.

IN CONCLUSION

Do not try to convince the Board that you can do everything. Be knowledgeable and open to referring your counselees to another professional. The Board is looking for your identity to be as a counselor, not as a clinical psychologist. They don't necessarily want you to use the term "therapy" or "psychotherapy". Be sure to use the terms as defined in the Regulations and as you are comfortable with them.

Recommended Texts For Studying

Testing

Anastasi, Anne. Psychological Testing, Macmillian Publishers Co., Inc.: New York, 1976.

Abnormal Psychology

The American Psychiatric Association. Diagnostic and Statistical Manuel of Mental Disorders (Third Edition): Washington, D.C.,1980.

Group Counseling

Gazda, G. Group Counseling: A Developmental Approach, Allyn and Bacon Publishing Co., 1978.

Hansen, James C., Warner, Richard W., and Smith, Elsie J. Group Counseling: Theory and Process (2nd Edition), Rand McNally College Publishing Co., Chicago, Illinois, 1980.

Johnson and Johnson. Joining Together: Group Theory and Group Skills, Prentice Hall, 1975.

Trotzer, James P. The Counselor and the Group: Integrating Theory, Training and Practice. Brooks/Cole Publishing Company. Monterey, California. 1975.

Counseling Techniques

Egan, Gerard. The Skilled Helper. Brooks/Cole Publishing Company, Monterey, California 1975.

Ethics

Callis, Robert. Ethical Standards Casebook (Second Edition). American Personnel and Guidance Association, Washington, D.C., 1976.

Counseling Theory

Corey, Gerald. Theory and Practice of Counseling and Psychotherapy. Brooks/Cole Publishing Company. Monterey, California. 1977.

Carkhuff, Robert R. Helping and Human Relations Volumes I and II. Holt, Rinehart, and Winston, Inc., New York, 1969.

Recommended Texts For Studying
(Continued)

Learning

Houston, John P. Fundamentals of Learning. Academic Press. New York, 1976.

General Psychology Text

Ruch, Floyd L. and Philip G. Zimbardo. Psychology and Life (8th Edition). Scott, Foresman, and Company. Glenview, Illinois. 1971

Yellow Regulations Book printed by the Department of Commerce, State of Virginia.

The questions on the Examinations (both Written and Oral) do change from test setting to test setting. Also, not all the examinees will have the exact same examination form on a given date. The Board does have a variety of test forms to use. Some topics and questions that you may have heard about may not be on the test.

SAMPLE OBJECTIVE QUESTIONS

1. You work in a Community Center. A particular clique of young people have avoided use of the Center except for card parties arranged in some neighborhood homes. They have not caused trouble up to this time. Two new boys move into the neighborhood and you hear that they have joined this clique. Rumors are circulating that they are encouraging members of the gang to start causing trouble. What would you do?

   a. Have one of the staff members of the Community Center secretly become a part of the gang and try to influence them.

   b. Bring the two boys in to the Community Center and tell them that you know how to deal with troublemakers like them.

   c. Tell all the members of the gang to stay away.

   d. Try to get the gang more involved in activities held directly in the center.

   e. Wait until the gang causes trouble and give their names to the police.

2. Research has shown that outside observers affect performance in the following way:

   a. Increase accuracy and increase speed.
   b. Increase accuracy and decrease speed.
   c. Decrease accuracy and increase speed.
   d. Decrease accuracy and decrease speed.

3. The Governor appoints how many to the Board of Professional Counselors:

   a. Seven
   b. Five
   c. Ten
   d. Three

4. The best source for accurate information on the reliability and validity of tests is:

   a. Jones Book on Tests
   b. Shertzer's Measurement Instruments
   c. Buros' Mental Measurement Yearbook
   d. Intelligence, Ability, Interest, and Projective Analysis by Bates and Redmon
   e. Trotzer's Issues in Testing

5. Which group would obviously have a leader.

   a. b. c. d. e.

6. Which group would have the best communication network?

   a. b. c. d. e.

7. When would Carl Rogers give a test?

   a. For an intelligence estimate.
   b. For compatibility relevance.
   c. For group comparison.
   d. Never.
   e. For career interests.

8. What do you do if a child is depressed in a guidance group?

   a. Have the group discuss the problem.
   b. Ask the child to talk about his/her home life.
   c. Ask if anyone else in the group is depressed.
   d. Refer the child for individual counseling.
   e. Ignore the child's depression.

SAMPLE ESSAY QUESTIONS

1. A graduate student comes to you that you are supervising. She is upset because one of her clients is mad at her. What issues would be important to discuss with her?

2. One of your co-workers has been away from work because of a serious illness. Now she is back at work, but since her return has avoided the staff during coffee breaks and is unavailable to have lunch anymore. During meetings she has frequently burst into emotional displays of anger. What would you do to help her?

3. You have heard rumors circulating about Counselor Karloff. Especially of concern, you have heard that an unusual number of his patients end up on the psychiatric floor of the local hospital. What is your professional responsibility?

4. Assume you adhere to Behavioral theory: A client has come to you for treatment. He has been a recluse to the present time to the point that he has not learned normal social skills for his age. State the age of the client appropriate for your work setting and how you would help him/her using the Behavioral approach.

5. You and another professional decide to go into private practice. Explain how you would go about setting up your philosophical statement, fee scale, and evaluation system.

6. Take five cases that you have referred and explain why and where.

7. State a case, describe how you handled it, using a theoretical approach of your choice.

8. After a few years a counselor develops a style. Take a case and explain your style.

9. Define a Professional Counselor versus one who engages in the profession of counseling. What is the counseling profession?

10. Here is a case. What theory would you use and how and why?

11. What is your approach to counseling and explain with an example and why.

12. Discuss your ethical responsibility to the welfare of the consumer.

13. What can you put on your business card?

14. How can your license be revoked?

15. What is your ethical responsibility to confidentiality?

16. What can you do to be reinstated if your license is revoked?

TOPICS, THEORIES, ISSUES to be familiar with. These may be on the exam in some form.

1. Transference/Counter-transference.

2. John Holland's six occupational types:

   (a) Realistic
   (b) Conventional
   (c) Intellectual
   (d) Enterprising
   (e) Social
   (f) Artistic

3. The Self-Directed Search.

4. Maslow's Hierarchy

5. Be familiar with the new Diagnostic and Statistical Manual III, published in May, 1980 by the American Psychiatric Association.

6. Duties of Board of Professional Counselors:

   (a) Conduct inspections, report results to the Behavioral Science Board.
   (b) Arrange for applications to be processed.
   (c) Arrange for examinations.
   (d) Recommend suspension and revocation of a license.
   (e) Conduct an evaluation of emotional competence.
   (f) Hear reports of unethical activities from practitioners.

7. What goes on a business card:

   (a) Name
   (b) Highest Degree
   (c) Licensure
   (d) Address and Phone
   (e) Office hours
   (f) Brief explanation of services
   (g) Cost of services.

8. Discuss some of your strengths and weaknesses.

9. What do you expect to be doing five years from now?

VIRGINIA BOARD FOR PROFESSIONAL COUNSELORS
GUIDELINES FOR WORK SAMPLE

1. The work sample should be typed, doubled-spaced, on one side of the paper and limited to six (6) pages in length. Seven (7) clearly readable copies should be submitted. The work sample should be disguised so that all identities are kept confidential. Your name and address should be on the cover page.

2. The work sample should be typical of practice in which you intend to engage as a professional counselor. The material should be drawn from your practice within the past six months. If you are applying for a specialty designation, your work sample should be reflective of your work in that specialty area.

3. The material should clearly state the problem(s), movement shown, and the role you have played in facilitating that movement. Focus should be on your theoretical position, counseling principles, tools and techniques you utilize in the treatment process, and your role as a professional agent for change.

4. The work sample will be used as the basis for questioning by the examination committee. The examination will also include a discussion of the Code of Ethics of the Virginia Board of Professional Counselors and a discussion of the nature of your practice as well as plans for private practice.

5. Your work sample should be mailed to the Virginia Board of Professional Counselors, Department of Commerce, 2 South Ninth Street, Richmond, Virginia 23219. All material submitted becomes the property of the Board.

Approved: June 2, 1978

TIPS FOR WRITING A CASE STUDY

In first paragraph: put relevant data such as first name of client, general appearance, why they came in, marital status, and working status.

In second paragraph: present the problem.

In paragraph three: give a diagnosis. This does not have to be a clinical diagnosis.

In the fourth paragraph: State a treatment or plan of action. This can be broad, such as the assignment of psychological homework, or it can be a diagnosis.

In the fifth (and last) paragraph: tell where you see the case going or if you terminated, how and why.

WORK SAMPLE

FOR THE

VIRGINIA BOARD OF PROFESSIONAL COUNSELORS

Julia Richardson
Lord Fairfax Community College
P. O. Box 47
Middletown, Virginia 22645

DEMOGRAPHIC DATA:

Karen is a single, 27 year old, white, female. She has a high school degree. She is thin and has poor complexion. When Karen came to see me, she was employed in a community library as a clerical worker. She had moved to this area from Pennsylvania, approximately a year ago to take a job on a local farm.

REFERRAL PROBLEMS:

Karen had recently broken up with her boyfriend. Since then she had frequently been unable to sleep or eat. She had not had a pregnancy test, but believed that she was pregnant and did not want to continue the pregnancy. She described herself as depressed, with recurring long periods of crying. She expressed anger towards herself with reference to thoughts of suicide.

DIAGNOSIS:

Karen seemed to lack self-confidence and a positive sense of self-worth. She had a history of unsuccessful relationships with men. She seemed to be facing this and questioning her ability to have an intimate, sustained relationship with a man. She appeared to be very angry with herself; she denied feeling any anger towards others (especially her ex-boyfriend). Karen lived in the same apartment complex as her ex-boyfriend, and seeing him with other women regularly precipitated her bouts of depression. She reported spending several days at a time, alone in her apartment with the curtains drawn. She did not feel that she had many friends. Lately, she had frequently begun to miss work.

Due to the possibility of pregnancy and the break-up with her boyfriend, it was clear that Karen was experiencing a lot of stress and feelings of inadequacy.

PLAN OF ACTION:

Karen came to me through a mutual friend's referral. I initially decided the following actions to be the best way to meet Karen's needs. Due to the possible pregnancy, I referred Karen to a local reproductive health clinic for a pregnancy test, information, and counseling regarding her pregnancy. Her history of feelings of inadequacy, hostility, and depression seemed to merit seeking long-term mental health assistance. Because of her reference to suicide, I felt I could provide support and crisis counseling until she could be seen at a mental health center.

Karen was unable to see her therapist for three weeks due to scheduling problems. During this time, she continued to seek me out. Through these weeks, Karen and I discussed the daily effect of seeing her ex-boyfriend. She decided to re-locate and did move to a new apartment. She realized that in order to fight her depression she needed to stay active and become involved with other people. She would talk to me about needing other people. She began to attend softball games with some friends and to go with them later to parties. On the week-ends, they would go swimming and have picnics. We discussed the positive aspect of her being more responsible for her life and taking charge of what happens to her. The decisions to move to a new

apartment, end the unwanted pregnancy, seek out new friends, and take better care of herself physically were some of the results of our discussions about personal responsibility. We discussed her feelings about her ex-boyfriend and past relationships with men.

Karen began to see her therapist weekly, but continued to show up unexpectedly to see me. I focused our talks, at this point, on her progress in therapy. She expressed a resistance to becoming involved in the process of therapy. As weeks passed and she pressed to continue our relationship, she admitted that she did not feel that she got anything from her therapy and questioned whether to continue it. It became obvious that Karen was comfortable with me, and avoiding sharing feelings with her therapist. I began to realize at this time that the negative feelings Karen had about her boyfriend were possibly generalizing to all men.

I discussed this idea with Karen and received written permission from Karen to contact her therapist, and asked that she give him a release statement to discuss her case with me. Karen, meanwhile, decided that she would like a woman therapist, and asked her present therapist to reassign her case to a woman therapist. To my knowledge Karen did not sign a release statement for her new therapist to talk with me.

PROGNOSIS:

Karen abruptly moved to another town. She gave two-days notice at work, and terminated her one-week old relationship with her new female therapist. I was out of town at the time, and did not see Karen again. The last time I saw Karen, she was looking forward to seeing her new female therapist.

CASE PRESENTATION

M. Kathleen Byrnes, M.A.
6452 Penrith Drive
Mechanicsville, Virginia 23111
746 - 9542

I work primarily from the social psychology of Alfred Adler, who believed that man's concerns and problems come from his relationships with his environment rather than being biologically based.

"Gemeinschaftsgefuhl", or Social Interest, is the greatest value for the Adlerian. It is the capacity for coexisting and interrelating with one's fellowman. Since we are all in this life together, we are all responsible for each other. The "iron logic of social living" demands that we be our brother's keeper, and according to Adler, the concept of Social Interest is an innate feature of man. The less Social Interest existing in an individual, the greater the discomfort with solving the life tasks, which Adler said were society, work and sex.

Adlerians are highly cognitive in their methodology, viewing man holistically as a creative, responsible, "becoming" individual moving toward fictional goals. We hold that man's perception of himself and his environment, his life-style, is sometimes self-defeating because of inferiority feelings. The individual with "psychopathology" is <u>discouraged</u> rather than sick, and the therapudic task is to <u>encourage</u> him, to activate his social interest, and to develop a new life-style through relationship, analysis, and action methods.

The degree of deficiency, suffering, or illness do not constitute the ticket of admission to Adlerian counseling. One enters to learn about one's self, to grow, to reach one's potential, therefore, the gap of emotional distance between the professional and the recipient is less, and a relationship between equals is allowed to develop. Equality is also nurtured by the propensity of the counselor to move socially among the recipients. Family Education Centers are initiated by professionals, with lay leaders holding the offices and helping to train newcomers and each other. Conferences and workshops are typically highly social as well as study oriented. Adler himself was well known for his love of the coffee houses in Vienna where his patients and students gathered with him for dialogue, debate, and a sense of belonging.

Adler taught that a course of counseling that did not educate toward a philosophy of life was incomplete, hence it often happens that persons who were previously self-centered, aimless, or possessing no positive goals or direction, are re-educated, developing into community centered, and "other-absorbed" contributors to society. The following case is an example of the re-education of a young mother and her son.

Mrs. D. is an attractive 26 year old real estate office manager. She brought her only child, five year old Kevin, to the Counseling Center last June, and presented a number of concerns. She believed that her recent separation from Kevin's father and the tumultuous family atmosphere prior to the separation was causing Kevin to behave

in new and unacceptable ways. She shared that Kevin had witnessed extreme and violent arguments, that his father had spanked him often with a strap, and that he had been taken from the home by his father without Mrs. D's knowledge. For an extended period of time she did not know where he was. She carried out an investigation and subsequently regained custody of Kevin by kidnapping him herself.

Kevin's behaviors at that time included stealing money from his mother's purse, and also from others, bad language, playing with matches, outbursts of temper, and the placing of knives in unusual places in the house, such as the bathroom. When confronted, Kevin would steadfastly lie about these activities, denying involvement even when his mother presented proof of the transgressions.

Typically, an Adlerian Family Educator sees the parents first for about 20 minutes and then interviews the children for another 20 minutes. Then the parents return and the counselor shares with them whatever is seen as the dynamics of their presenting concern, and makes recommendations for remediation. I followed this pattern with Mr. and Mrs. D. and Kevin for 3 sessions. Mr. D. then dropped out of counseling, his business taking him out of town for long periods of time. Mrs. D. continued to return with Kevin for follow-up and presented new concerns for about nine months.

In keeping with my belief in the social needs and nature of man, I was also recommended that Mrs. D. participate in a parent-education group which I was conducting. In the group she experienced other parents facing the same issues, and for the first time realized that she is not alone in her frustrations as a parent. She developed a sense of belonging as she learned that parenting is not an inborn instinct, and came to understand her own family constellation and life-style.

As to Kevin, dynamically I found that he was indeed experiencing trauma with regard to the family atmosphere. He expressed a desire to kill his mother, to get even with both parents for hurting him, and for hurting each other. He desperately wanted them to live together again, and believed his mother was to blame for his behavior since it was she who sought the divorce. He revealed that he believed his mother's place was to wait on him, be in his service, and "have her eyes on me" at all times. He also said it was "her job to stop me from doing bad things."

Mr. D. had figured heavily in this in that he had apparently verbalized the above to Kevin as often as possible, and had stated that if Mrs. D. was not doing the above, then she was a bad mother and should be punished. Kevin was involved in a game of setting up his mother to look bad. Mrs. D. was continuously guilt-ridden, and plagued by feelings of inadequacy, believing that Mr. D's idea of wife and motherhood were correct, and that she could not measure up. It was

reported that Mr. D. was later involved with drug and alcohol abuse. He also attempted to abuse Mrs. D., breaking into the house several times during the middle of the night.

These reports from Mrs. D. and Kevin might indicate that at this point Mr. D. was an unhealthy source of identification for Kevin. He may be more successfully approached by the school than he was by me since he did not continue in counseling. I recommended to the school counselor that she contact him if possible and encourage his participation in a program initiated by the school guidance team. Since he is not making his permanent residence in this area, this may not be possible, but I think we had the responsibility to try.

I considered this family's situation serious enough to involve the staff psychiatrist. He made the decision to evaluate Kevin and assigned a psychiatric diagnosis of "unsocialized aggressive reaction to childhood". (This diagnosis includes such behaviors as bed-wetting, setting fires, stealing, lying, and destruction of property.) From a social-psychological point of view, Kevin's motivation, or fictional goal in life had deteriorated to the search for revenge.

His very young age was a point in our favor, and his mother's willingness to apply herself in his best interests was another.

As Kevin was revealing the information already stated, expressing the rage and hurt he felt around the issue of his parent's violence, and the tug-of-war over him, I was disclosing to him his mistaken goal of getting even, in the typical Adlerian "could it be?" manner. His

revengeful behaviors were reported to have subsided within three individual sessions. There remained the much longer, and more difficult process of re-educating Mrs. D. toward a co-operative relationship with her son.

From his birth Mrs. D. adored Kevin and considered his every wish her responsibility. She was still bathing and dressing him during the summer of 1980. Unknowingly, she did not allow him to individuate at the appropriate stages of development because of her fears of being labeled a "bad mother" and because of her great devotion to him. Eventually they engaged in power struggles over short pants versus long, stripes versus plain, etc. This extreme service and the power struggles turned Kevin into an uncooperative tyrant, and crippled his sense of contribution and self confidence. Thus he was not prepared for the demands placed upon him by society, for example his entrance into the classroom.

When schoolwork was required of him, his attention was likely to be centered on <u>how</u> <u>he</u> was doing, rather than on the task presented. For this reason I frequently conferred with his teacher and recommended that she shift her focus of concern off of him, and onto the <u>tasks</u>, particularly those he did well. She easily found two areas which she could emphasize as Kevin's strong points. We are dealing now with the special language and concept of <u>encouragement</u>, which is the foundation of "cure" to the Adlerian. I believe this to be of the greatest importance in building positive self-esteem, and stressed it over and over with both mother and teacher.

Kevin was in danger of failing first grade, and though I did not believe he had a learning disability, I am always more comfortable when testing rules out this possibility. I pushed all concerned to have that carried out by the school.

Mrs. D. is presently working on allowing Kevin to choose his own clothes, helping him to come to his own decisions as to which items will make him most comfortable. She has stopped bathing him and has learned to emphasize the positive, helpful things he does. She is also working on reflective listening skills to improve her communication with him. These are small steps toward improving the relationship toward one of mutual respect for each other's rights which must come first before a parent can hope to influence a child toward cooperation. There may come a time when Mrs. D. will be able to request that Kevin do something and he will have learned the concept of cooperation enough to do it without feeling the need to fight, have a temper tantrum, or become revengeful.

I have exposed Mrs. D. to the teachings of Rudolph Dreijurs, Don Dinkmeyer, and Gary McKay. She has read Children:The Challenge, and the Parent's Handbook from Systematic Training for Effective Parenting.

Out of her experience in the parent group sprang a desire to grow and learn more about behavior. She requested individual sessions for issues not related to Kevin, and also asked that I organize another group focusing on personal growth issues. She struggled during our

individual sessions with the temptation to passively allow her son, ex-husband, and older brother to dominate and scapegoat her. She came to understand that she profited from allowing her significant others to do this to her, but she has not yet completely stepped outside the game. Her issues have been emotional dependence, remaining "stuck" in a somewhat adolescent view of the adult love relationship, a deep sense of inferiority, and a need to maintain control through the role of martyr and through emotional distance from others. She set the following goals for herself:

1. "Separate what I feel from what I think."
2. "Be able to say and feel that no one is better than I."
3. "Understand how and why I associate with hurtful people."
4. "To handle, not worry, about other people's opinions and judgements."

I used life-style assessment techniques, encouragement, modeling, self-disclosure, contracts, and a relationship based on emotional availability to help her attain these goals.

Due to extreme financial strain, and an inability to pay her bill at the Center, Mrs. D. had to terminate her regular sessions before she completed her goals. I gave her the option of a referral to a county mental health center, and she did place her name on that list.

I spoke with her on the phone at least once a week to ease the transition time between her last contact with me and her first contact with new counselor. Since ability to pay is not a pre-requisite to Adlerian counseling, the phone contacts were a compromise between my philosophy and counseling and my responsibility to the agency which employed me.

Had I been able to continue with Mrs. D., I could see her becoming involved in co-leading other parent education groups, and helping to establish a Family Education Center. Her social interest would be easy to extend since it was already activated in her career and in her volunteer activities in the Home Owner's Association. I would predict a slow, continuous blossoming of her sense of responsibility as a parent, and to the community, and later in an inter-dependent relationship with a second husband. Since nearly all of her work in both group and individual sessions was directed toward achieving this kind of autonomy, I have no doubt that she will eventually succeed.

CASE PRESENTATION

Dr. Jack Presberry
James Madison University
Harrisonburg, Virginia

"Hyperactive - Drives Me Crazy!" The intake worker who took the phone call had written these words on the initial contact sheet. A 32 year old mother had made the appointment for her seven year old son to "receive help" at our mental health center. When I went out to the waiting room to greet them, I found Freddie sitting on one side of the room looking like a captured rabbit and Peggy (his mother) on the other side perusing a Better Homes and Gardens. Since they were the only two people in the room, I assumed them to be together; and I walked over to Freddie, introduced myself, and asked him to bring his mother to my office. Once inside, he crawled up on a chair and assumed a seemingly hostile expression even before his mother spoke. Her expression was identical. They were at war.

As Peggy began a litany of Freddie's physical and emotional anomalies her voice seemed to reflect disgust; and as she progressed to a report of his behaviors, she modulated toward revulsion. She reported that his development had proceeded normally until he was 18 months old, about the time she divorced his father. She stated that the father had taken Freddie for a weekend visitation and returned him in a state of "nervous trauma". She described Freddie as being "out of it", "his eyes were dilated", and "I took him to the hospital and the doctors thought he was on drugs." Apparently unrelated, but

subsequent to this he developed "39 allergies" and had to have "tubes put in his ears." Since infancy, the mother said Freddie has been "easy to catch colds" and is "sick all the time."

Once establishing what she felt to be the etiology, Peggy went on to describe her relationship with Freddie, "He won't do anything I tell him to do, he doesn't care about his toys or his clothes.... just throws them around, he won't eat anything but junk, and his grades are down at school. When I try to talk to him about it, he just gets made and sasses me back."

"Huh-uh!", denied Freddie (sassing her back). "Well, what about you?!", he yelled accusingly.

When I suggested that he felt her account of his behaviors was not quite accurate, he agreed; but when asked to say how he saw the situation, he fell into weeping.

His mother glanced at me with a disgusted look on her face, sighed greatly and said, "You see, he does this all the time. When I try to talk to him, he either gets mad, stomps off, or cries. Oh... and he can't sit still, the teacher says so too. I'm worried about his grades and I'd like you to test him to see if he's hyper-active".

When I asked her to tell me the things he did that she felt good about, her face went blank. It was as though I had violated a contract in which she would be allowed to berate him to her heart's

content. She said something weak and superficial about how nice he could be when he wanted to be and how much better his face looked when he was not "all mad".

"When his face looks 'all mad', I said, "Who does he remind you of?"

"His father", she said unhesitatingly and seeming to surprise herself with a new insight. "That's the trouble, he's JUST like his father." At this point, she began to reveal her belief that Freddies father was congenitally warped, crazy, psychopathic, and sexually perverted; and the implication was that Freddie might turn out the same. During this discussion Freddie ceased his crying and regained his hostile composure.

I believe in two principles which apply at this juncture. First, according to Borsomeny, Nagy, ( ) a child feels an intense loyalty to his parent (regardless how he has been treated by the parent) and feels obligated to defend the parent's position. Freddie was in the bind of defending his father from his mother. In addition, according to Laing ( ), the parent who tells a third party about the child's character - with the child present - is "Hypnotizing" the child into believing that this is who he is. Peggy's catastrophic fantasy had been revealed and she was no longer giving history or reporting behaviors, so I felt it was time to get Freddie off the hook.

I suggested we "run a few tests" to see if he had any developmental delays. I believed this was the "Magic" she came for and that I would not be effective in my intervention if I did not meet some of her expectations. Freddie seemed relieved and eagerly entered into the testing. I administered a Wepman and two Rosner tests of auditory-motor Development and the Bender Gestalt. I also administered several subtests of the W.I.S.C.-R. He scored in the bright-normal range on the information, vocabulary, comprehension, and similarities subtests and his performance on the other tests was within normal limits. Finally, I asked him to draw a picture of his family. To my surprise, two extra people showed up in the picture! (see attached copy)

From the information Peggy had given, I had known that Freddie's family consisted of a stepfather (Sal) and a step-sister (Angela), offspring of Sal and Peggy, and Peggy, herself. However, as the reader will see, two very large people named Sherry and Kelly were also "in the picture." When I inquired about this, Peggy sheepishly admitted that she had been married three times and that Kelly and Sherry were the children of her first marriage and were "being raised" by Peggy's mother in Cleveland, Ohio. She said that when her first marriage broke up, she "went to pieces", married Freddie's father "on the rebound," and couldn't take care of her daughters. Since that time, her mother had retained possession of these girls whose ages were now eleven and ten. Peggy went on to say that her mother

had "prevented" her from getting the girls back by inducing guilt and implying that Peggy was not responsible enough to care for children. "Maybe I'm the one who needs help," she said.

FORMULATION: Peggy brought Freddie for "help." Her definition of the problem was that Freddie had an inherent flaw passed down by his father and that it was ticking like a bomb inside of him. She wanted him "fixed", exorcised. If I were to accept her definition and stay focused on Freddie, my options might have been to: (1) test him and tell her he was o.k. (which I did), (2) set him up for a series of play therapy sessions, (3) consult with the school, gain a more complete history, etc. (4) send him off for intensive treatment in a therapeutic environment. My belief was that the most effective intervention would be with Peggy. Her feelings of inadequacy as a mother, the unfortunate associations attached to Freddie, her feelings of impotence in dealing with her mother, her guilt over not having her girls with her, and issues which were obviously there and as yet unrevealed, all seemed to need working through.

I took her statement ... "maybe I'm the one who needs help..." as a lead and suggested she and I work together dealing with the emotions that Freddie's behavior triggered in her and to formulate new behavior management strategies to help her feel more in control.

She readily agreed to this contract, but as she was walking out the door, she stopped as though unable to leave without a technique or device to use between this and the next session. "What should I do when he gets so mad?"

As luck would have it, I had a copy of an N.I.M.H. pamphlet on my desk entitled, Plain Talk About Dealing with the Angry Child. I picked it up and read her the following passage:

> "In childhood, anger and sadness are very close to one another and it is important to remember that much of what an adult experiences as sadness is expressed by a child as anger." ( )

Peggy seemed greatly relieved and said, "And all this time I thought he hated me!" She was tearful as she left the office.

Tomorrow will be Peggy's fourteenth, and final, session. About the third interview, when she seemed to have little interest in base-lines and behavioral charts of Freddie's behavior, she confessed her "a-ha" experience of realizing that she brought Freddie that first time hoping that she could get counseling for herself. We rarely spent much time "working on Freddie", she wanted to work through her personal issues. As Peggy got better, Freddie got better. She now finds him to be a "good little kid." She does not hold his father

against him and she does not see him heading for disaster. His grades in school have improved. Peggy and Freddie sometimes go out on "dates" to McDonalds. Most of all, Peggy is beginning to believe she is "o.k." So, it is "o.k." for Freddie to be "o.k."

COMMONWEALTH OF VIRGINIA
Department of Commerce

VIRGINIA BOARD OF PROFESSIONAL COUNSELORS

NAME	BUSINESS	RESIDENCE
Dr. Fred L. Adair Unexpired four-year term ends June 30, 1981	SEND ALL CORRESPONDENCE TO School of Education College of William and Mary Williamsburg, VA 23185 (804) 253-4434	138 Berkley Lane Williamsburg, VA 23185 (804) 229-7222
DRUG COUNSELOR CERTIFICATION COMMITTEE REPRESENTATIVE:		
Mr. Herbert Boyd, Jr.	Rubicon Alcoholism Program 529 North Second Street Richmond, VA 23219 (804) 788-9006	2229 Watts Court Richmond, VA 23223 (804) 648-8116
ALCOHOLISM COUNSELOR CERTIFICATION COMMITTEE REPRESENTATIVE:		
Mrs. Frances R. Olson	SEND ALL CORRESPONDENCE TO	81 Kendall Drive Newport News, VA 23601 (804) 596-9514
Dr. C. Gordon Keesee, Jr. Second four-year term ends June 30, 1983	School of Education Virginia Commonwealth University Richmond, VA 23284 (804) 267-1296	4511 Bromley Lane Richmond, VA 23221 (804) 358-0811
Mr. A. Patrick L. Prest Second four-year term ends June 30, 1983	Box 143, MCV Station Virginia Commonwealth University Richmond, VA 23298 (804) 786-0928	3920 Custis Road Richmond, VA 23225 (804) 272-1585
Dr. Carl D. Swanson Second four-year term ends June 30, 1984	Madison College Harrisonburg, VA 22807 (703) 433-6564	Post Office Box 175 Grottoes, VA 24441 (703) 249-4900
Mr. Keith C. Wright First four-year term ends June 30, 1984	Virginia Commonwealth University Richmond, VA 23284	9209 Holbrook Drive Richmond, VA 23229 (Unlisted)

Mr. A. Patrick L. Prest, Chairman, period ending June 30, 1981
Dr. C. Gordon Keesee, Jr., Vice Chairman, period ending June 30, 1981

Dr. Fred L. Adair, Representative to the Virginia Board of Behavioral Science, period ending June 30, 1981
Dr. Carl D. Swanson, Representative to the Virginia Board of Behavioral Science, period ending June 30, 1981

UNLESS OTHERWISE NOTED, ALL CORRESPONDENCE SHOULD BE SENT TO THE BUSINESS ADDRESS.

passed the Senate and House. If opposition has been strong throughout the campaign, the organizer should attempt to arrange a meeting with the Governor or an aide at this stage.

When the bill becomes law (or even if this year's effort failed), it is essential that thank you letters be sent to all the legislators and others who supported the bill.

CONCLUSION

Virginia counselors have the professional responsibility to perform their duties within the law. This issue of the *Virginia Personnel and Guidance Journal* should provide valuable information to help counselors fulfill this obligation.

But a counselor's responsibility does not end with operating within the law. As true professionals, counselors should examine existing statutes carefully and determine whether they meet the needs of their colleagues and their clients. For instance, Virginia definitely needs legislation granting confidentiality to the relationship between counselors and their clients and allowing licensed professional counselors to receive insurance payments for their professional services. There are other areas as well that need to be studied for possible legislative action.

Not too long ago Virginia counselors earned a national reputation by convincing legislators in Richmond that professional counselors should be licensed to practice their profession. Virginia was the first state to enjoy a law allowing counselors to enter private practice. It can be done. This year a bill to fund elementary counseling in Virginia was introduced in the legislature as the result of efforts by Virginia Personnel and Guidance Association members. After a tremendous effort, the bill failed to be funded. Next year's strategy already is being planned. Influencing the legislative process is not easy, but it is necessary if counselors are to fulfill their roles as professionals.

Professional Credentialing and Regulation

Carl D. Swanson

Historically, the right to regulate professions arose from the constitutional police power given states to protect the public from quackery and malpractice. In order to be regulated a profession must have a clearly defined practice, offer a unique service, and present the possibility of endangering public health, safety or welfare (Cottingham and Swanson, 1976). This regulation is intended to serve, as well as protect, the public by identifying qualified professionals (physicians, counselors, accountants) and defining their responsibilities. As professional training and experiential standards are set the process becomes one of credentialing as well as regulation.

The professional also benefits through this process of regulation and credentialing by having the title (such as counselor or psychologist) protected. This legal recognition leads to greater public acceptance. Vogel (1978) illustrates this in relation to school counselors;

> Without benefit of certification laws the plight of school counseling could be far more serious in this time of tight budgets . . . Training and certification standards . . . provide specific evidence of special requirements needed by one who practices as a counselor. Credibility with our publics can be enhanced with such data.

Credibility and the resultant public acceptance is what a profession must have to exist. Only a governmental unit can give credentialing which is widely recognized and understood by the public.

CREDENTIALING

Credentialing of professional counselors falls into three distinct categories with different meanings and legal implications. Often terminology is confused, as one state will use the term *certified* and another *registered* and another *licensed* for the same credentialing. For example CPAs (certified public accountants) and RNs (registered nurses) are actually licensed in Virginia. Certification by a professional association must also be distinguished as it does not have the same legal effect as certification by a governmental unit. Finally, in some states school counselors are certified while in others they are licensed with both terms actually meaning the same thing.

Credentialing by the State

The only credentialing having legal impact is done by a state. This is accomplished through two distinct and totally separate governmental units in Virginia.

Department of Commerce. Credentialing of professionals by this state entity is for private and agency practice. Virginia recognizes the following four levels of credentialing:

Carl D. Swanson is Professor and Coordinator of Counselor Education at James Madison University, Harrisonburg.

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1. *Inspection*, the lowest form of regulation, consists of periodic examinations of the activities of a profession by a state agency. The inspection of practice is to ascertain if practitioners are carrying out their profession in a manner consistent with the public safety, health and welfare.
2. *Registration* is the next step on the ladder of regulation. The professionals are simply required to periodically submit information to the state concerning the location, nature and operation of their practices.
3. *Certification*. The state, at this level, issues certificates to professionals certifying that they have minimum skills needed to engage in their profession and that it (state) knows of no character defect that would interfere with their professional practice.
4. *Licensure*, the highest form of regulation, includes all provisions of Certification. In addition, the practice of the profession is unlawful without a license. The essence of licensure is title protection which enhances both the legal identity and prestige of a profession (Code of Virginia, 1979).

In addition to one of the four forms of regulation/credentialing by the Department of Commerce, most local governments require professionals to obtain a business license. City and Town ordinances should be checked by counselors who engage in any form of private practice.

In order to obtain a license as a professional counselor the following requirements must be met.

1. A sixty semester-hour graduate training program in counseling, or the equivalent, including a graduate degree.
2. Course work covering eight basic areas of counseling.
3. Two years of post masters supervised experience. (The remaining hours after the masters degree needed to meet the sixty hour requirement may be taken during these two years.)
4. Successful completion of a work sample (case study), and passing grades on objective, essay and oral examinations.

The heart of these requirements is considered to be the supervised experience. This must be obtained from persons who are approved by the Board of Professional Counselors as supervisors.

Department of Education. All fifty states and the District of Columbia provide for the credentialing of school counselors through either certification or licensure by state education departments. This credentialing in Virginia is a prerequisite for the practice of guidance and counseling in the schools, just as credentialing by the Department of Commerce is a prerequisite for private practice.

Certification of Guidance Counselors is provided for, in Virginia, under Pupil Personnel Services Positions along with the School Psychologist, School Social Worker and Visiting Teacher (Certification Regulations, 1978). Requirements for secondary endorsement include:

1. A master's degree.
2. One successful academic year of full time experience in a professional school position.
3. Twenty one graduate credit hours in seven specified areas.
4. A course in elementary school guidance is an additional requirement for those wishing endorsement as an elementary guidance counselor.

It should be noted that certain undergraduate requirements must be met. Also, the graduate practicum must be "supervised experience discharging the duties of a counselor," which has been interpreted to mean experience in a school setting at the level of intended practice.

A few states have come to require dual credentialing for some pupil services positions. In Ohio, for example, the School Psychologist must be certified by the education department and licensed by the psychology board. Sweeney and Sturdevant (1974) see this dual regulation by two state agencies as a threat to the school counselors in their comparative status in the professional order, but not as a direct threat to the right to practice. This double credentialing does have the effect of raising training requirements for entry into the field.

Credentialing by Professional Associations.

National professional associations entered the credentialing arena in the mid 1960's. These associations certify the qualifications of members of their own profession. While there is no explicit legal sanction or recognition through this professional certification, it is another step in the acceptance of the profession by the public. Certification boards help in the policing of their members, thus giving some assurance of ethical, quality service to the public.

Certification by the professional's own association has brought recognition from govermental units such as the Federal Mental Health Commission (1979). This task force of the Department of Health and Human Services (formerly HEW) recognized other allied mental health professionals including Counseling and Guidance Personnel, Vocational Counselors, Pastoral Counselors and Marriage Counselors. Substance Abuse Counselors have received similar recognition. This is absolutely necessary for a profession in order to receive Federal Reimbursement. The report on Credentialing Health Manpower (1976) recommended Federal Reimbursement

> be limited to those services rendered by health professionals who are either: (1) licensed by State boards that have adopted national standards, or (2) certified by organizations that have adopted national standards and are approved by the proposed national certification council.

This is the bread and butter issue of the profession! Very clearly, national professional certification or certification (licensing) by a state board are prerequisites for reimbursement at all levels.

Private insurance carriers also look to this credentialing for reimbursement purposes. However, in this area there are at present great disparities, injustices and discrepancies. Psychologists are denied payments in Virginia by the "Blues" (BC/BS Evidence, 1978) and Certified Clinical Mental Health Counselors are receiving payment from the "Blues" in Maryland (Major Breakthrough, 1980).

Some representative national professional credentialing organizations include the American Association of Marriage and Family Therapists

(AAMFT, formerly AAMFC), Commission on Rehabilitation Counselor Certification (ARCA and NRCA), Clinical Pastoral Counseling (CPC), Association of Alcoholism Counselors and the National Academy of Certified Clinical Mental Health Counselors (NACCMHC-AMHCA). This latter organization, a division of APGA, is in a strong position to become the certifying agency for mental health counselors as it cuts across all counselor speciality lines. Federal recognition is in process for this academy. The requirements for certification as a Clinical Mental Health Counselor are virtually identical to the Virginia requirements for licensure as a Professional Counselor. Even the Professional Code of Ethics is virtually identical. Information about this certification can be obtained from the AMHCA at APGA headquarters in Falls Church (NACCMHC News, 1979).

PROBLEMS AHEAD

Exemptions and Uniformity.

As long as there are major exemptions to the licensure law and relatively few counselors receiving national association credentialing there will be practitioners with minimal training and skills. The problem which arises is credibility for the entire profession. Human nature seems to judge a whole by its weakest part! Stories of incompetency and unethical professional behavior travel faster than stories of competency. Problems in this state have largely come, over the past two years, from the unlicensed, noncertified practitioners. Very few charges have been brought against licensees.

The citizen members of the Board of Behavioral Science have expressed great concern over unlicensed practitioners and are moving gradually to get the legislature to plug loop-holes and remove exemptions. Their position (Minutes, 1979-1980) has been that the quality of services should be equally high for all professionals regardless of their place of employment. They feel this will also raise the level of confidence the public has in the professional and encourage use of the mental health services available.

Third Party Payments.

When a profession attains the status and is accepted as a (mental) health service provider, insurers are forced to recognize that profession and offer the public "freedom of choice." Although Virginia has a "Freedom of Choice" Law some insurers (notably BC/BS) have been reluctant to pay psychologists even though they are specifically included in the law. A case is now pending which should bring the "Blues" into conformity with this law. The next step for counselors will be to secure inclusion within the Virginia Freedom of Choice legislation. This will necessitate a massive lobbying effort by all counselors. It is the crucial test of professionalization, as counselors must eat as well as render professional services!

Sunset Legislation.

Most states now have "sunset legislation" in their statutes. These laws provide that every so many years all units of state government must prove

their worth to the people. If the reports by inspection commissions show a department, agency or board is no longer serving a useful function, the legislature will then sunset it, *i.e.* let it go down with the sun. This has already happened to psychology boards in Alaska, Florida and South Dakota. Virginia's professional boards are up for this inspection during the next two years.

THE FUTURE

As credentialing of counselors increases higher standards of care, ethical conduct and professional service will be demanded. With higher standards come greater risks of incurring civil liability. Counselors are well advised to carry professional liability insurance which can be obtained (cheaply) through APGA.National and state legislative lobbying efforts will have to be continued on many fronts. Inclusion of mental health counselors into the federally recognized health services is a primary goal of AMHCA-APGA. Lobbying is also needed to secure passage of the National Elementary Counselors Incentive Act and at the Virginia level to include counselors in Freedom of Choice legislation.

The future for counselors can be bright, as it appears the so-called "sleeping giant" has awakened. The profession is becoming more knowledgeable in politics and feeling greater pride in itself.

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COMMONWEALTH of VIRGINIA

RUTH J. HERRINK
Director

Department of Commerce
2 SOUTH NINTH STREET, RICHMOND, VIRGINIA 23219

ROBERT A. NEBIKER
Deputy Director

September 25,1979

Julia K. Richardson
303 W. North Street
Woodstock, Va. 22664

Dear Ms. Richardson:

We acknowledge receipt of your application and fee of $50.00 for licensure as a Professional Counselor in the Commonwealth of Virginia.

Upon receipt of all reference letters, transcripts, etc., your application will be submitted to the Board for review.

An applicant approved for examination will be so advised at least two weeks before the scheduled date of the examination and must immediately advise this office of his/her intention to appear.

If we can be of any assistance to you in the meantime, please do not hesitate to contact us.

Sincerely,

Roberta S. Tingle

Roberta S. Tingle
Executive Director
Board of Professional Counselors

RST:kl

COMMONWEALTH of VIRGINIA

RUTH J. HERRINK
Director

Department of Commerce
2 SOUTH NINTH STREET, RICHMOND, VIRGINIA 23219

ROBERT A. NEBIKER
Deputy Director

September 10, 1980

Julia Kay Richardson
303 W. North Street
Woodstock, Va. 22664

Dear Ms. Richardson:

This is to acknowledge receipt of your $75.00 examination fee. We look forward to seeing you on September 25, 1980 at * at the location shown below. Should you fail to appear, after pledging to do so, you shall forfeit your examination fee.

Sincerely,

Johnsie Williams

Johnsie Williams
Executive Director
Virginia Board of Behavioral Science

JW:kl

☐ 2 South 9th Street
Richmond, Va. 23219

☐ Will advise at a later date.

* See letter dated August 22, 1980.

COMMONWEALTH of VIRGINIA

RUTH J. HERRINK
Director

Department of Commerce
2 SOUTH NINTH STREET, RICHMOND, VIRGINIA 23219

ROBERT A. NEBIKER
Deputy Director

August 22, 1980

Julia Kay Richardson
303 W. North Street
Woodstock, Va. 22664

Dear Ms. Richardson:

The dates and locations of the Professional Counselor licensing examinations have been changed and finalized as follows:

Thursday, September 25, 1980:		Hotel John Marshall 500 East Franklin Street
[X]	Objective	Richmond, Virginia
[X]	Essay	
Friday, September 26, 1980:		2 South 9th Street 2nd Floor
[ ]	Specialty	Richmond, Virginia

(See enclosed map for directions)

Overnight accommodations are available at the Hotel John Marshall; you will need to make your own reservations.

It is requested that you arrive fifteen minutes before the time the examination is scheduled to begin.

Please note this information on your calendar and contact us if you have any questions.

Sincerely,

Johnsie Williams

Johnsie Williams
Executive Director
Virginia Board of
Professional Counselors

Enclosure:

COMMONWEALTH of VIRGINIA

RUTH J. HERRINK
Director

Department of Commerce
2 SOUTH NINTH STREET, RICHMOND, VIRGINIA 23219

ROBERT A. NES KER
Deputy Director

September 3, 1980

The Virginia Board of Professional Counselors has approved you for the examination(s) preparatory for licensure as a Professional Counselor .

The generic examination(s) consists of the following three parts to be administered on September 25, 1980 at See letter dated Aug. 22, 1980.

☒	Objective	9:00 A.M. - 12:00 Noon	☐ Waived
☒	Essay	1:00 P.M. - 5:00 P.M.	☐ Waived
☐	Oral	(Administered to those for whom the objective and essay examinations have been waived, and to candidates who have successfully passed those examinations.)	

The specialty examination(s) consists of the following two parts to be administered on _____ at _____.

☐	Essay	☐ Will Advise of time	☐ Waived
☐	Oral	(Administered to candidates having passed all written examinations).	

Please also advise us promptly whether you will or will not be able to appear for the examination(s).

Your generic examination fee, of $75.00, is due immediately. If you have been approved for a specialty examination, please forward immediately $25.00 for each specialty exam you have been approved to take. All checks should be payable to the Treasurer of Virginia.

Please send us immediately seven (7) copies of a recently written exhibit of work performed by you (guidelines enclosed). The exhibit should be in the form of an appropriate example of your typical work activities as a practitioner. It need not be lengthy nor elaborate in format.

In addition to your general preparation, please study carefully the law (especially Sections 54-925 through 54-934 and Section 54-944), the Regulations of the Board and the ethical standards of the Board of Behavioral Science and the Board of Professional Counselors.

Sincerely,

Johnsie Williams

Johnsie Williams
Executive Director
Virginia Board of Professional Counselors

JW:kl
Enclosure

COMMONWEALTH of VIRGINIA

RUTH J. HERRINK
Director

Department of Commerce
2 SOUTH NINTH STREET, RICHMOND, VIRGINIA 23219

ROBERT A. NEBIKER
Deputy Director

October 27, 1980

Julia Richardson
303 W. North Street
Woodstock, Va. 22664

Dear Ms. Richardson:

We are happy to inform you that you passed the written examination given by the Virginia Board of Professional Counselors.

As explained in earlier correspondence, an oral examination before the Board will be required and has been scheduled for Nov. 21, 1980. It is requested that you appear at 1:45 p.m. at the location listed below.

Please let us know as soon as possible whether you will be present.

Sincerely,

Johnsie Williams

Johnsie Williams
Executive Director
Virginia Board of Professional Counselors

JW:kl

/X/ 2 South Ninth Street
(Second Floor)
Richmond, Va. 23219

/ /

COMMONWEALTH of VIRGINIA

RUTH J. HERRINK
Director

Department of Commerce
2 SOUTH NINTH STREET, RICHMOND, VIRGINIA 23219

ROBERT A. NEBIKER
Deputy Director

October 27, 1980

Julia Kay Richardson
303 W. North Street
Woodstock, Va. 22664

Dear Ms. Richardson:

Your oral examination has been scheduled for November 21, 1980 (Date),

2:00 p.m. - 3:00 p.m. (Time) at: 2 South Ninth Street
2nd Floor
Richmond, Virginia 23219

This examination before the Board will include specialty area(s) of: _____.

You should arrive at least 15 minutes prior to your scheduled examination.

Your work sample

[X] has been received.

[ ] has not been received. It must be submitted by October 31, 1980.

If you have any questions, please feel free to call.

Sincerely,

Johnsie Williams

Johnsie Williams
Executive Director
Virginia Board of Professional Counselors

JW/mw

COMMONWEALTH of VIRGINIA

RUTH J. HERRINK
Director

Department of Commerce
2 SOUTH NINTH STREET, RICHMOND, VIRGINIA 23219

ROBERT A. NEBIKER
Deputy Director

November 26, 1980

Julia K. Richardson
303 W. North Street
Woodstock, Va. 22664

Dear Ms. Richardson:

It is with pleasure that we inform you that your application for licensure as a professional counselor has been approved by the Virginia Board of Professional Counselors.

We are enclosing a license which will permit you to engage in practice as a professional counselor. You will be furnished instruction relative to its renewal on or about the fifteenth of May of each odd-numbered year.

Please remember that your practice must be limited to those areas: (a) detailed on your application or (b) listed on the back of this letter. The Board of Professional Counselors must be advised if you intend to expand the scope of your practice and must be furnished with sufficient evidence of further training to approve the change.

Your certificate is now being engrossed by the artist and will be forwarded as soon as it has been signed by the members of the Board of Behavioral Science.

Congratulations on your success.

Sincerely,

Johnsie Williams

Johnsie Williams
Executive Director
Virginia Board of Professional Counselors

JW/jw

Enclosure

Client Population
Young Adults (19-30)
Adults

Assessment Techniques
Interest
Career

Counseling Techniques
Individual
Educational
Career
Teaching

VIRGINIA BOARD OF PROFESSIONAL COUNSELORS

GUIDELINES FOR POST-GRADUATE-DEGREE SUPERVISION

The Virginia Board of Professional Counselors requires that all licensed professional counselors who are providing the post-graduate degree supervision for prospective applicants inform the Board of their supervisory activities, including the name(s) of the supervisee(s). The provision of post-graduate-degree supervision must meet the following general guidelines in order to be acceptable to the Board:

1. The individual receiving the supervision and the individual or agency providing the supervision shall have a written letter of agreement signed by both parties covering the details of the supervision arrangement.
2. The supervising counselor will not provide supervision for activities for which the prospective applicant has not had appropriate education.
3. The supervising counselor will not provide supervision for activities for which he is not qualified to render.
4. Group supervision involving up to six (6) members will be acceptable for one of the two hours per week on the basis of two hours of group supervision equals one hour of individual supervision. In no case will a person receiving supervision receive less than one hour of face-to-face individual supervision per week.

5. Up to one-half of a prospective applicant's supervision may be provided by a licensed professional in an area closely related to that in which the prospective applicant applies; this includes licensed psychologists, social workers and psychiatrists. This type of arrangement must be approved by the Board in advance.
6. At the time of the prospective applicant's formal application for licensure, the individual or agency providing the supervision shall complete and send to the Board a written report stating the total number of hours of supervision and the period of time in which it was rendered, and evaluating the applicant's relative strengths and weaknesses.
7. Supervision between members of the same immediate family, i.e., spouse, parents and siblings within that system, will not be approved.

PROFESSIONAL COUNSELOR
BOARD APPROVED SUPERVISORS
JULY 30, 1981

Stephen W. Anderson
Russell E. Bigney
Dorothy Jean S. Blum
John D. Boyd
Jarle Brors
Robert M. Claytor
Allen B. Craven
Katherine C. Dervin
Neil J. Donahue
Gerald L. Gandy
Angelo F. Gadaleto
Robert Gilhooly
Ingrid Zachary Greiger
Richard E. Hardy
Charles M. Harris
Reese Harris
George R. Jarrell
Diane Jones-Freeman
James Keller
Robert A. Lassiter
Deborah Lockhart
Richard S. Luck
Luther J. Mauney, Jr.
Helen Moore
Robert H. Pate, Jr.
Howard Protinsky
William J. Rhoades
Leslie C. Robinson
Warren R. Rule
Larry Sinsabaugh
Michael J. Sporakowski
Richard Strauss
Steve Strosnider
Carl Swanson
Robert M. Tipton
Paul B. Walter
David Waters
Lewis Weber
D. Thomas Wessells
Richard Wettstone
Orv Wiebe
Ralph C. Wiggins
Janet S. Wilkinson
Greg Wolber
Keith C. Wright